

LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES AGENCY  
OFFICE OF PROGRAM APPROVALS

CONTINUING EDUCATION PROVIDER PROGRAM

**PROGRAM DIRECTOR**

Name:	Professional Title:
Training Program:	Phone:

Section 100395 of the California Code of Regulations, Title 22 outlines the qualifications for the **Program Director** of a Continuing Education Provider Program shall be qualified as Follows:

“ . . . by education and experience in methods, materials and evaluation of instruction which shall be documented by at least forty hours in teaching methodology. ”

***Describe how you meet these requirements and attach a current curriculum vitae:***

***Professional and/or Academic degree(s)***


***Education or experience in methods of instruction (attach copies)***


***Professional licenses and/or certifications (attach copies)***

Type of license/certification	Number	Expiration Date

***Related work experience***

Position	Agency/Organization	Dates

***Signature of Program Director***

Program Director Form 6/05

***Date***